

PART B - FEE(S) TRANSMITTAL

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22434
Weaver Austin Villeneuve & Sampson LLP
P.O. BOX 70250
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Swapnali Joshi	(Depositor's name)
/Swapnali Joshi/	(Signature)
12/02/2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/285,292	04/02/1999	Donna G. Albertson	UCOTP089	3543

TITLE OF INVENTION: DETECTING CYP24 EXPRESSION LEVEL AS A MARKER FOR PREDISPOSITION TO CANCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	NO	\$1510	\$0	\$1510	12/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRIS, ALANA M	1643	435-007230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Weaver Austin Villeneuve
& Sampson LLP
2
3 Emily M. Haliday

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

OAKLAND, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by the required fee(s), or credit any overpayment, to Deposit Account Number 504480.

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature /Emily M. Haliday/

Date 12/02/2009

Typed or printed name Emily M. Haliday

Registration No. 38,903

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